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Réseau Canadien sur l'Hépatite C

WEBINAR

Engaging and informing HCV Elimination Efforts in
Canada: Blueprint for HCV National Action Plan

Date: Friday 4 May, 2018 12 noon EST



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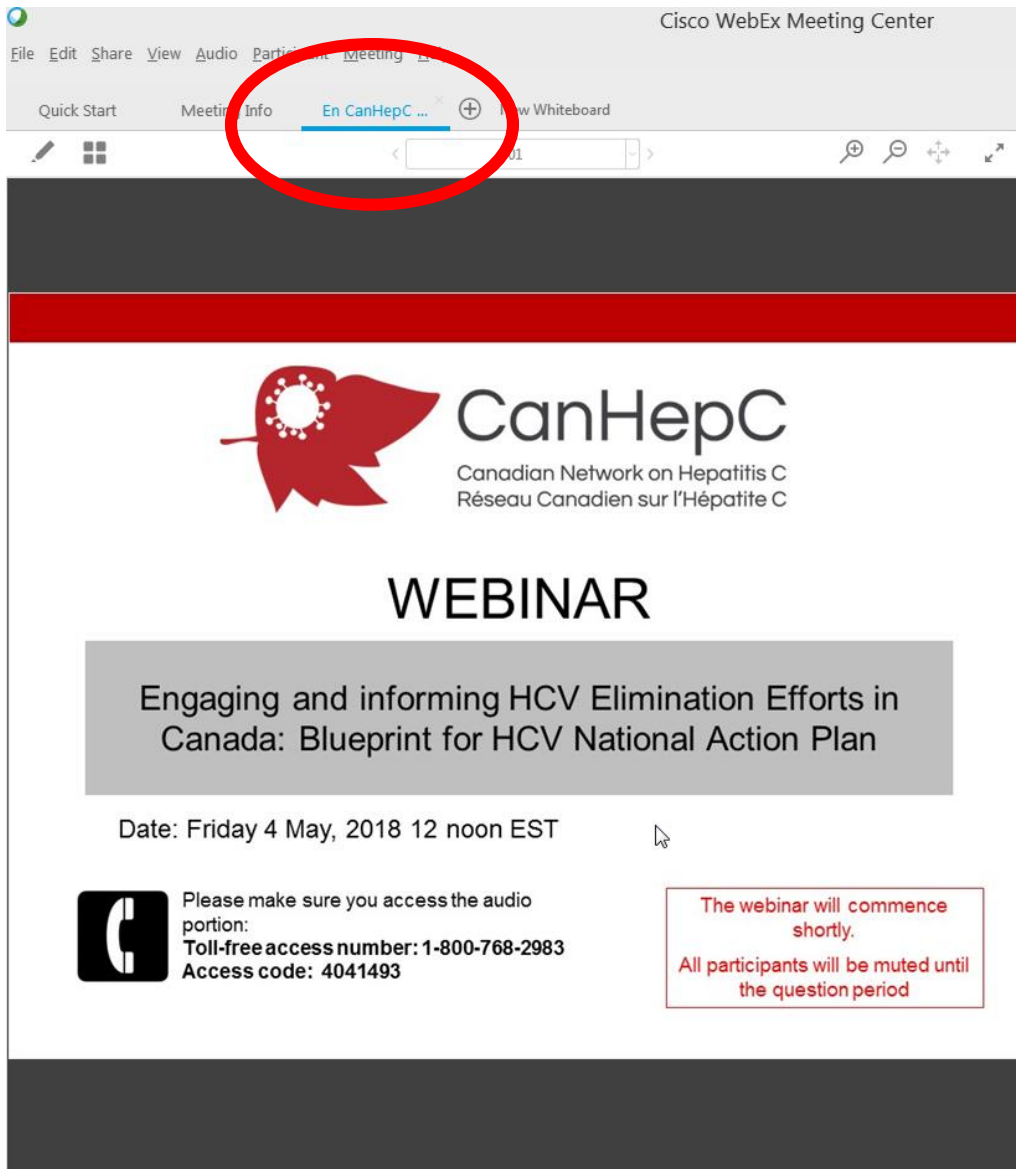
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Participants Chat Notes

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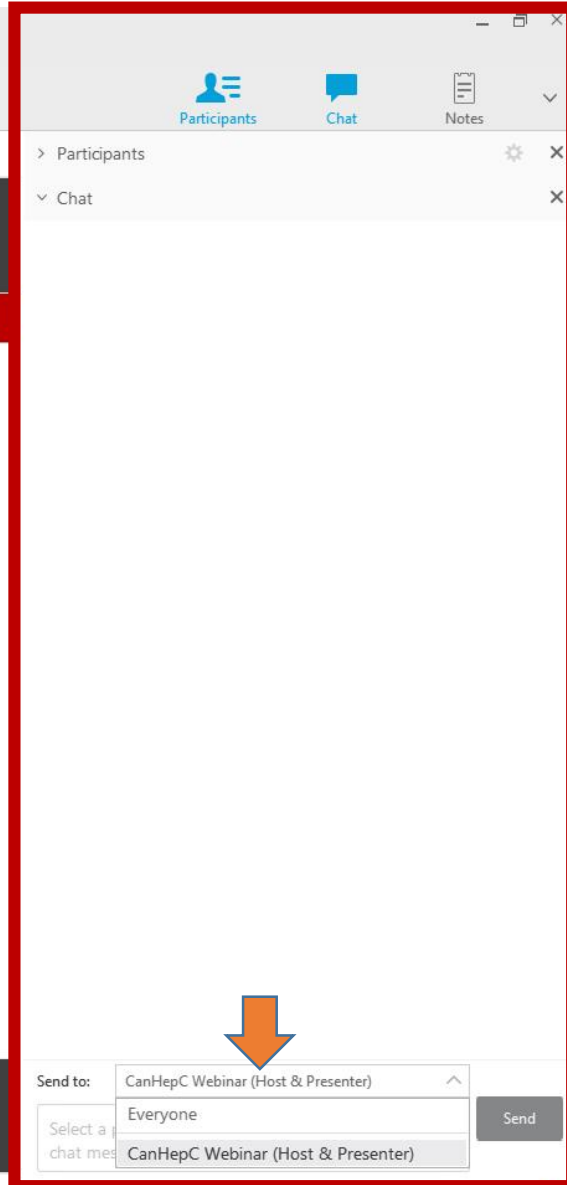
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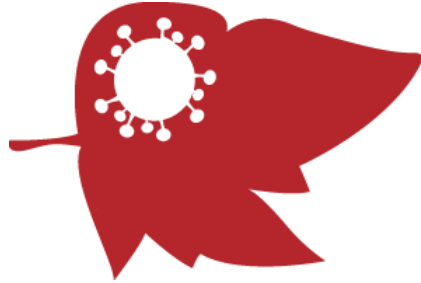
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Engaging and informing HCV Elimination Efforts in Canada: Blueprint for HCV National Action Plan

Presenter:

Jordan J. Feld, MD MPH

Toronto Centre for Liver Disease

Toronto General Hospital

Partners in this concerted effort



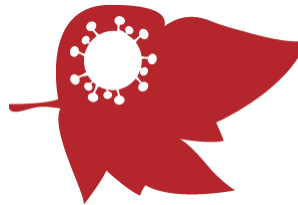
Canadian Liver Foundation
Fondation canadienne du foie



Canada's source for
HIV and hepatitis C
information



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ACTION HEPATITIS CANADA

AHC

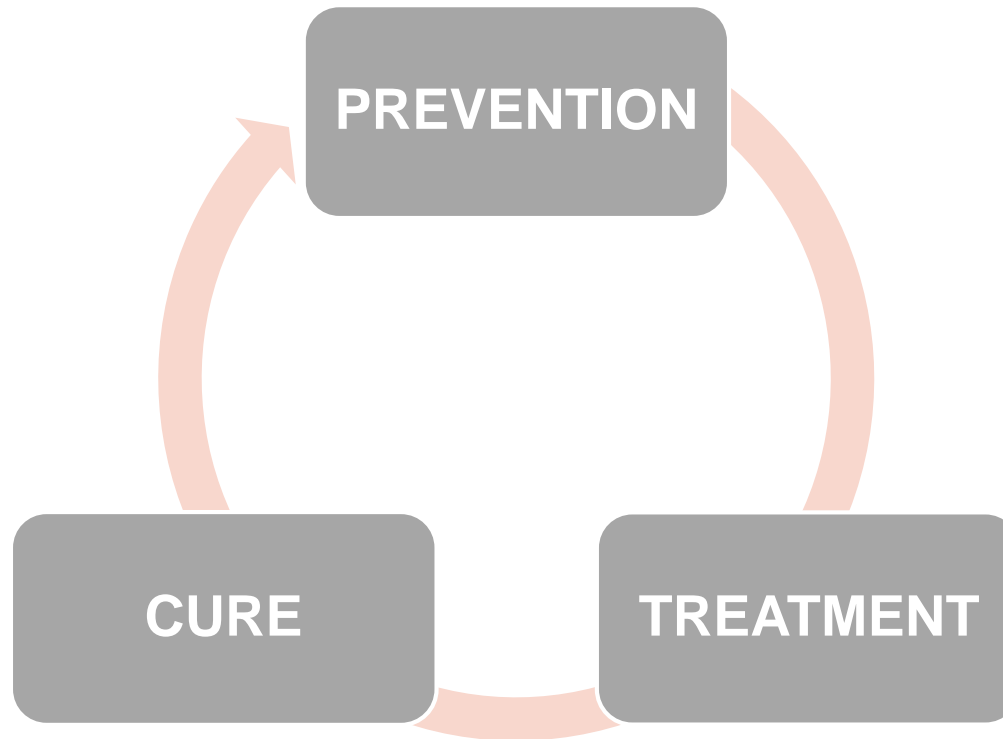
ACTION HÉPATITES CANADA



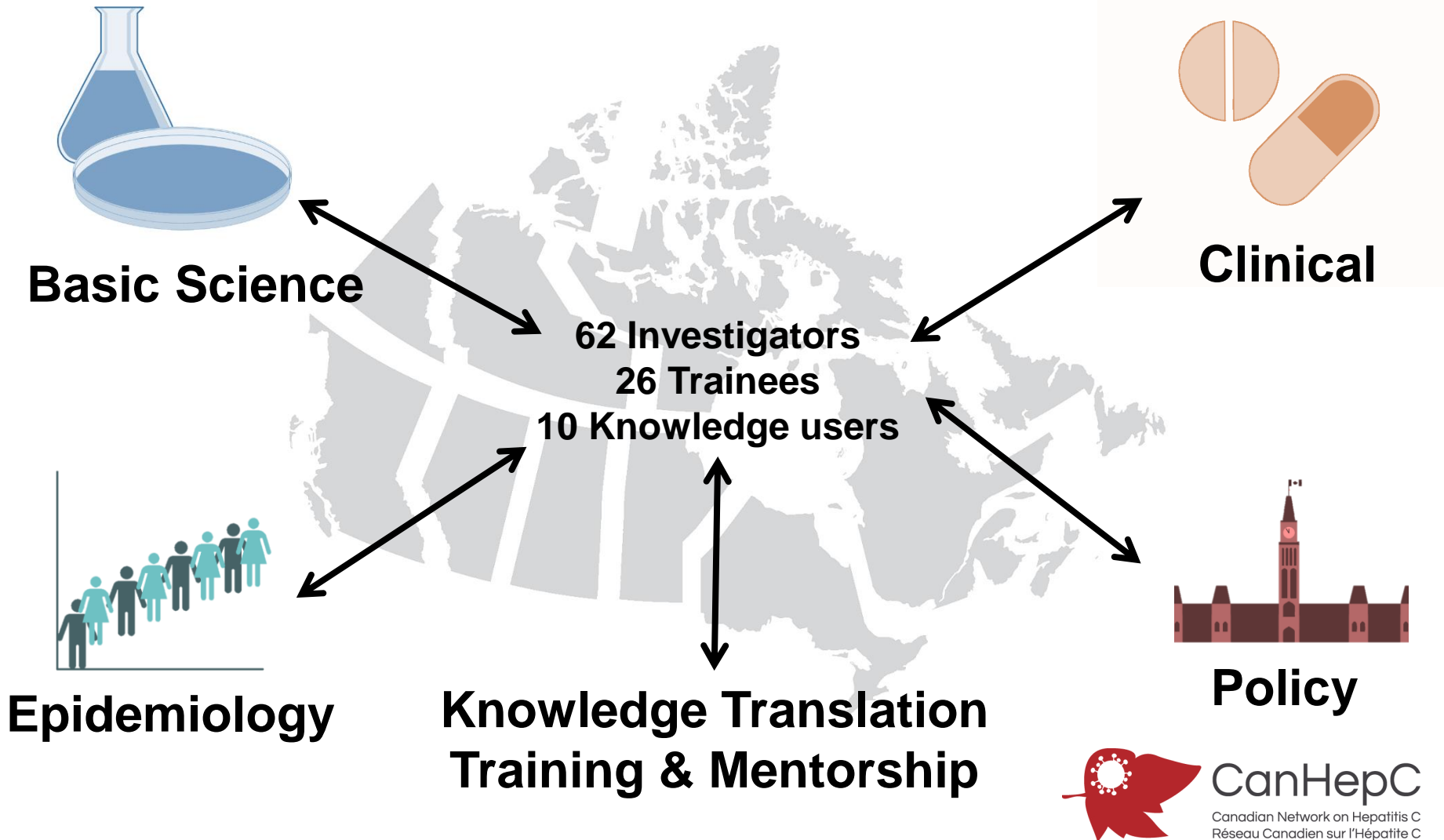
Canadian Association of
Hepatology Nurses

Association Canadienne
Des Infirmières D'Hépatologie

The Canadian Network on Hepatitis C (CanHepC)

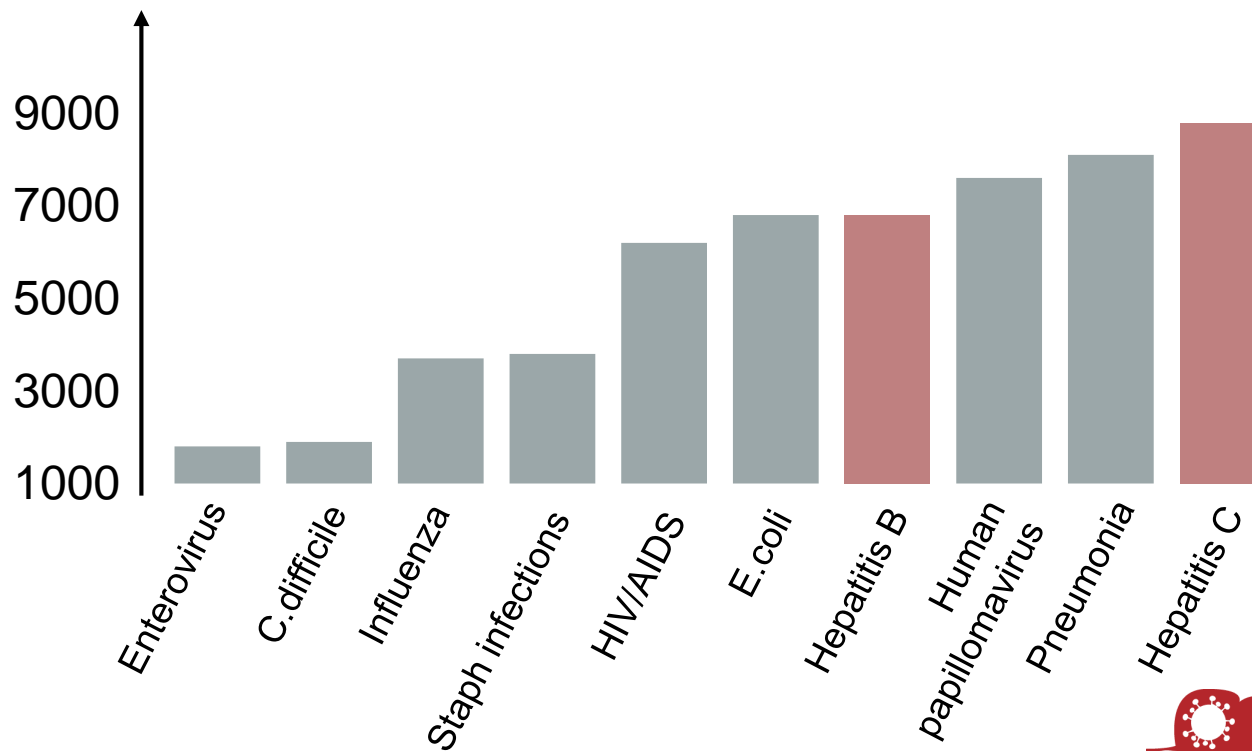


The Canadian Network on Hepatitis C (CanHepC)



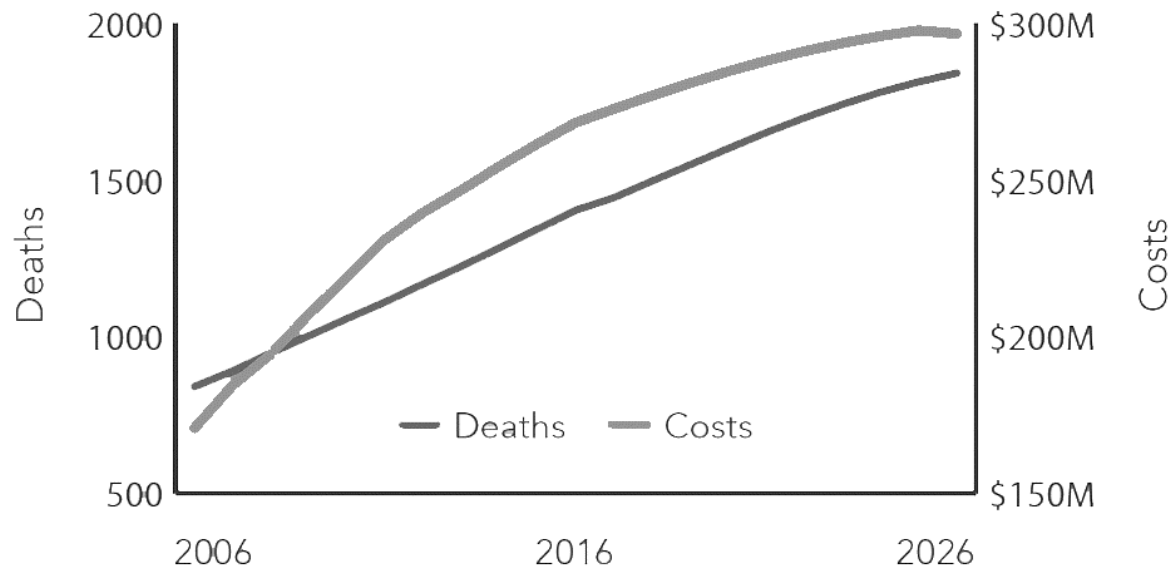
Hep C context in Canada

Hepatitis C leads to **more life-years** lost than any other infectious disease in Canada



Hep C context in Canada

The number of deaths and health care costs due to Hepatitis C have **almost doubled in the past decade**



Hep C Context in Canada

- In Canada, over **250,000 people** are infected with Hepatitis C:
 - but only 40% have been diagnosed
 - only 10-15% have received treatment
- Indigenous communities, people who inject drugs, new comers, inmates and baby boomers are more affected than other groups of people
- Hepatitis C prevention and care strategies are fragmented across Canada



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Opportunity for elimination in Canada

- New **Direct Acting Antiviral** (DAA) Hepatitis C therapies can cure nearly **95%** of people treated
- Successful Hepatitis C treatment can **reduce liver and non-liver-related complications of Hepatitis C**

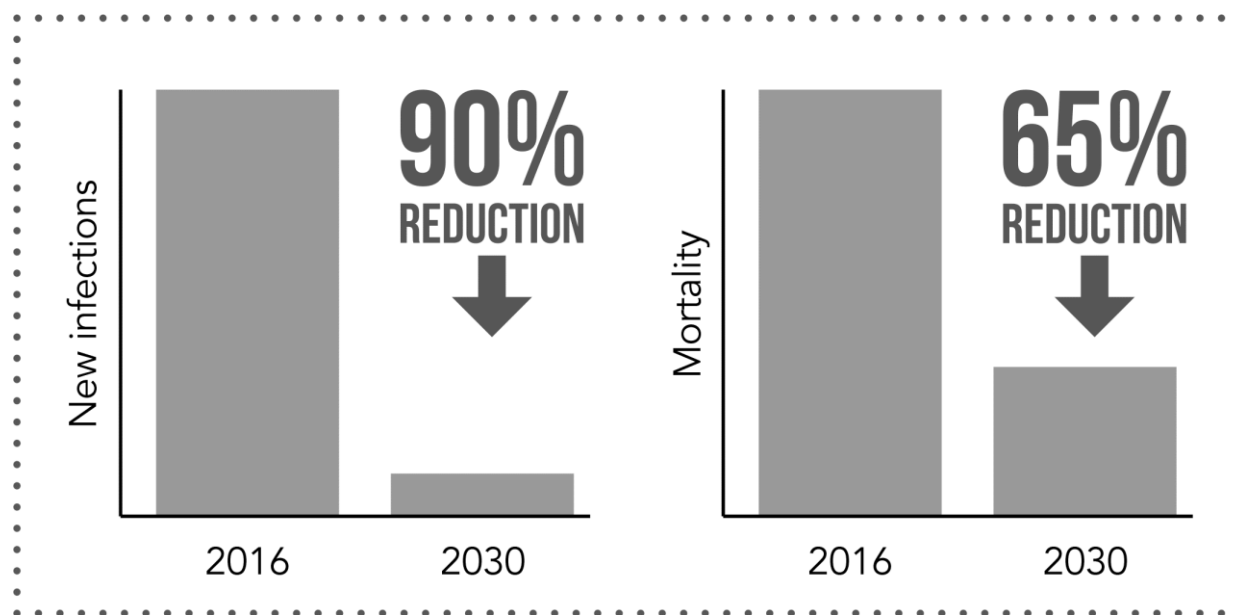


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WHO Global Health Sector Strategy on Hepatitis

- **Eliminate viral hepatitis** as a major public health threat by **2030**
- Adoption 28th May 2016 : **Canada is a signatory**
- Calling on all countries to develop **National Action Plans**



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Why does Canada need a National Action Plan?

- Ensure we (at least) achieve WHO elimination targets
- Develop **coordinated** strategies to overcome all of the barriers
 - Screening & Diagnosis
 - Treatment capacity & models of care
 - Drug pricing reform
 - Prevention strategies
- Avoid duplicating efforts in multiple regions



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Why doesn't Canada have a National Action Plan?

- Primary reason:
 - Challenging jurisdictional issues – **healthcare is a Provincial/Territorial matter**
 - **No Federal mandate to 'impose' a plan on PTs**
 - Resistance from prior federal government
- Other considerations:
 - Disease-specific vs syndemic approach – both have pros and cons
 - Other major health priorities (opioid epidemic etc)



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Pan-Canadian Framework for Action

- Currently in development, stewarded by the **Public Health Agency of Canada** (PHAC)
- Integrated approach to reduce the health impact of **STBBIs** in Canada by 2030 (incl. Hep C)

 Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada 

- Across four **pillars**:
 1. Prevention
 2. Testing
 3. Care and treatment
 4. Ongoing care and support

**A Framework For Action Towards The
Elimination Of HIV, Hepatitis C And
Sexually Transmitted Infections In Canada**

PROTECTING AND EMPOWERING CANADIANS
TO IMPROVE THEIR HEALTH



Strengths of the STBBI Framework

- **Syndemic** approach recognizing high degree of **intersectionality** of different STBBIs
- Recommendations relevant to all the STBBIs
- Inclusive development process with involvement of **key stakeholders**
 - **Affected populations – community members**
 - **Clinicians**
 - **Researchers**
 - **Policy makers – across the Provinces/Territories**



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Why is anything else required?

- Common elements to STBBIs but also **key differences**
- Some unique aspects to Hepatitis C relative to other STBBIs
 - Curable with broad access to therapy
 - Very low diagnosis rate
 - Rising morbidity and mortality without action
- Difficult to develop adequate detail for each STBBI
 - Implementation & assessment difficult



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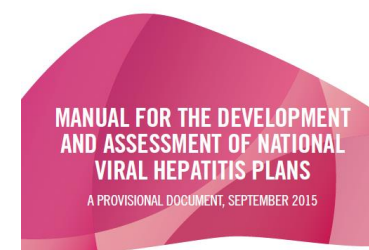
CanHepC Concerted Action: **Blueprint** to inform a **Hepatitis C National Action Plan**

- Towards the development of a **consensus blueprint to inform Hep C elimination efforts in Canada**
- **Aim:**
 1. Provide **guidance** on how to address Hep C with **specific and measurable objectives** relevant to the **Canadian** context
 2. Development of a document that policy makers and P&T governments can **adapt to their own specific context (ie *the what but not the how*)**



Blueprint – Combined approach

- Aligning **WHO's specific Hep C elimination targets**
 - WHO Manual section 5 (Contents of a National Hepatitis Plan)
- Complement the **Pan Canadian STBBIs Framework** adding direction for Hep C specifically
 - **Goals, targets and actions** for each of the Framework's structural pillars:
 - prevention
 - testing
 - initiation of care and treatment
 - ongoing care and support



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Blueprint – Process for development

Writing Committee:

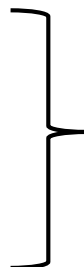
- Uniting expertise within CanHepC network and beyond
 - CanHepC Researchers
 - Community organisations with wide representation including affected populations
 - Clinicians
 - Healthcare workers

Consultant writer to draft a cohesive document

Blueprint – Process for development

Working groups following Pan Canadian Framework structural pillars

1. Prevention
2. Testing
3. Care and Treatment



4. **Priority Populations**

Indigenous people, Incarcerated, People who use drugs, Newcomers, Older adults (Baby Boomers) & Children/Adolescents

- Ongoing care and support divided between
 - **Prevention** (harm reduction to prevent re-infection)
 - **Care and Treatment** (ongoing management/support post cure)

Task:

- Identify objectives / specific targets to achieve (i.e. WHO guide)
- For each target suggest activities on how to achieve them and provide key indicators
- Support with evidence base where possible



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Working Group Tasks

- **Background** – current situation in Canada
- **Objectives** – high level (e.g. reduce HCV incidence in Canada)
- **Targets** – for each objective – measurable targets (e.g. reduce new infections by 50% by 2020 and 90% by 2030)
- **Indicators** – how are targets measured
- **Suggested activities** – activities to achieve targets with supporting evidence
- **Priority populations** – specific issues relevant to key populations



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Blueprint – Writing Committee

Name	Role/Organisation	Working group
Brian Conway	CanHepC Clinical Core rep, VIDC	Care and treatment
Curtis Cooper	CanHepC Clinical Core rep, Ottawa Hospital	Care and treatment (Chair)
Marina Klein	CanHepC Clinical Core rep, MUHC	Care and treatment (Chair)
Alexandra King	CanHepC KT Core rep, U of Saskatchewan	Care and treatment
Lisa Barrett	CanHepC Clinical Core rep, Dalhousie University	Care and treatment
Carrielynn Lund	DRUM/CanHepC Coordinator, CAAN	Prevention
Naglaa Shoukry	CanHepC Director & Basic Science lead, CHUM	Prevention
Denise Thomas	CanHepC KT Core rep, executive member CAHN	Prevention
Gerry Mugford	CanHepC Epidemiology Core rep, MUN	Prevention
Julie Bruneau	CanHepC Epidemiology Core lead, CHUM	Prevention (Chair)
Naveed Janjua	CanHepC Policy Core rep, UBC	Prevention (Chair)
Claudia Medina	Program Manager, Prisoners HIV/AIDS Support Action Network	Priority pops
Jason Altenberg	Director, Programs, South Riverdale Community Health Centre, Toronto	Priority pops (Chair)
Laurie Edmiston	Executive Director, CATIE	Priority pops
Lindsay Jennings	Provincial Hep C Program Coordinator, PASAN	Priority pops
Melisa Dickie	Associate Director, Community Health Programming, CATIE	Priority pops (Chair)
Renée Masching	Director of Research and Policy, CAAN	Priority pops
Simon Ling	Pediatrician, The Hospital for Sick Children	Priority pops
Daryl Luster	CanHepC KT Core lead	Testing
Jason Grebely	CanHepC Epidemiology Core rep, UNSW	Testing (Chair)
Jennifer van Gennip	Communications and Project Coordinator, AHC	Testing
Mel Kraiden	CanHepC Policy Core lead, UBC	Testing (Chair)
Jordan Feld	Chair, CanHepC Clinical Core Lead, UHN	NA Lead
Tracy Swan	Consultant Policy/Community Writer	NA Writer
Lorraine Fradette	CanHepC Project Manager, CHUM	NA Project Manager

Blueprint – Next steps & timelines

- **Mutually inform process** with PHAC to ensure alignment with the Pan Canadian STBBIs Framework
- Webinar (today) – ***feedback on process***
- **Input from Provinces & Territories** from an implementation feasibility perspective
 - **June 1st** - Communicable and Infectious Disease Steering Committee (CIDSC) meeting: Federal, Provincial and Territorial representation
 - Present our plans for the Blueprint
 - Ask for collaborators and input into the Blueprint



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Blueprint – Next steps & timelines

- Global Hepatitis Summit (Toronto, June 14-17)
 - Blueprint Stakeholder meeting on **June 13th, 2018**
 - Morning open session for input to working groups – **open to all** – followed by afternoon workshop
 - Presentation of draft products of working groups followed by panel with international discussants **Saturday June 16th, 2018**
- Broad consultation June-July 2018
 - Webinars with content of draft documents – dates TBD
- Aiming to launch the Blueprint in Fall 2018 ideally in concert with STBBI Framework



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Want to provide input?

- Contact us at hcvblueprint@gmail.com
- Check the CanHepC website (www.canhepc.ca)



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QUESTIONS ?



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